



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

November 7, 2011

CERTIFIED MAIL #: 7007 3020 0001 3745 7644

Tiffany Snooks
Chaparelle House, Assisted Living Concepts, Inc
1880 West Harrison Street North
Twin Falls, ID 83301

Dear Ms. Snooks:

Based on the complaint investigation and state licensure survey conducted by our staff at Chaparelle House, Assisted Living Concepts, Inc. between October 19 and October 27, 2011, we have determined that the facility failed to protect residents from exploitation

This core issue deficiency substantially limits the capacity of Chaparelle House, Assisted Living Concepts, Inc to protect residents' rights and ensure their well-being is safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **December 11, 2011**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **November 20, 2011**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you

develop.

You have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted..

Please bear in mind that eighteen (18) non-core issue deficiencies were identified on the punch list, four (4) of which were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than November 26, 2011

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys will result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626 and ask for the RALF program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

JS

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R586	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2011
NAME OF PROVIDER OR SUPPLIER CHAPARELLE HOUSE, ASSISTED LIVING CON		STREET ADDRESS, CITY, STATE, ZIP CODE 1880 WEST HARRISON STREET NORTH TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the licensure, follow-up, and complaint survey conducted on 10/19/11 through 10/27/11 at your residential care/assisted living facility. The surveyors conducting the survey were: Karen Anderson, RN Team Leader Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor Definitions and abbreviations: 30 day notice = Requirements for Termination of Resident Admission Agreement RD = Residence Director Residence = Assisted Living Facility TEA = Term Ending Agreement	R 000		
R 007	16.03.22.515 Protect Residents from Exploitation The administrator must assure that policies and procedures are implemented to assure that all residents are free from exploitation. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility did not protect 3 of 10 sampled residents (#8, #9 and #10) from exploitation. The findings include: IDAPA 16.03.22.010.29 - "Exploitation. The misuse of a resident's funds, property, resources, identity or person for profit or advantage, for example:	R 007		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YYSW11

If continuation sheet 1 of 6

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R586	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2011
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R 007	<p>Continued From page 1</p> <p>a. Charging a resident for services or supplies not provided."</p> <p>IDAPA rule 16.03.22.221.01 states "Requirements for Termination of Admission Agreement: a. "Giving the other party thirty (30) calendar days written notice for any reason."</p> <p>1. Resident #8 and Resident #9 were admitted to the facility on 2/18/11, and went home on or before 8/31/11.</p> <p>A facility admission agreement, signed and dated on 2/18/11 by Resident #8, #9 and the corporation Sales Manager, documented the residents could occupy and use their apartments on a month to month basis. The agreement further documented, the residents could "terminate this agreement upon thirty (30) days written notice to the Residence Director."</p> <p>Amendments to the admission agreements called a "Term Ending Agreement" (TEA) were signed and dated by Resident #8, #9 and the Sales Manager on 3/23/11. The TEA documented the following:</p> <p>"You entered into a Residency Agreement with the Residence on February 18, 2011, which allows you to occupy Your Apartment on a month to month basis. You and the Residence wish to amend the term and termination provisions of the Residency Agreement. This Amendment (TEA) is entered into as of 3/23/11."</p> <p>The following was documented in the agreement:</p> <p>"The Agreement shall be for an Initial Term, which shall begin on the date set forth, in Section I of this agreement and end on December 31,</p>	R 007		

Bureau of Facility Standards

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R 007	<p>Continued From page 2</p> <p>2011...If you wish to terminate this Agreement, You may do so at the end of the initial term by providing the Residence written notice of termination no later than thirty (30) days before the date that the Initial Term will expire...If you move out of the Residence at any time other than at the end of the Initial Term, You will continue to be responsible for Your Fees until the end of the Initial Term."</p> <p>The "Term Ending Agreement" was not consistent with IDAPA rule 16.03.22.221.01.b which states the admission agreement could be terminated by either party giving thirty (30) calendar days notice for any reason. The facility exploited Resident #8 and #9 when they continued to charge for services they did not provide after the residents moved out.</p> <p>A 30 day notice from Residents #8 and #9, dated 7/28/11, documented the residents would move out of the facility on or before 8/31/11.</p> <p>On 7/31/11, a family member documented, in a letter addressed to the "Idaho Department of Health and Welfare," that his parents "...wanted to try an assisted living on a trial basis" and believed they could move back home if it did not work out for them. He documented, his parents understanding was if they wanted to move out of the facility, they would have to give the facility a 30 day written notice.</p> <p>On 10/20/11 at 11:30 AM, the facility's administrator stated, if a resident wanted to leave before the TEA ended, they would still be responsible to pay the remainder of the contract, even if they no longer resided at the facility.</p> <p>On 10/25/11 at 9:15 AM, a telephone interview</p>	R 007		

Bureau of Facility Standards

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R 007	<p>Continued From page 3</p> <p>was conducted with a family member of Residents #8 and #9. He stated after his parents had lived at the facility for several months, they decided they no longer wanted to stay and gave a 30 day notice, stating they were moving back home. He stated, he was told by his parents, they gave their 30 day notice, but were informed they would have to continue to pay whether they moved out or not. The family member stated his parents were upset, because they thought they had agreed to a month to month admission agreement and knew nothing about a yearly term agreement.</p> <p>On 10/25/11 at 9:43 AM, a telephone interview was conducted with Resident #8 and #9. Resident #9 stated, "A sales manager came to our house to talk to us about admission (to the facility). He was talking to us about the admission agreement, he said nothing about a penalty if we didn't stay. We decided to sign the admission agreement...He had papers scattered all over the table. We just signed where he asked us to sign." They denied signing a separate form. They further stated, "At first when we moved in, things were going okay, but after a few months we decided we wanted to move back home. We were running out of money and we were not happy with the services...When we gave our 30 day notice (7/28/11), we were told we were responsible to pay until the end of the TEA (12/31/11), even after we left." The residents stated, they continued to accrue charges from the facility, even though they no longer resided there.</p> <p>2. Resident #10 was admitted to the facility on 1/8/10, and went home on 7/22/11.</p> <p>A facility admission agreement, signed and dated on 1/28/10, by Resident #10 and the</p>	R 007		

Bureau of Facility Standards

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R 007	<p>Continued From page 4</p> <p>administrator was contained in the resident's closed record. The agreement documented the resident could occupy and use the apartment on a month to month basis. Further, the agreement documented, the resident could "terminate this agreement upon thirty (30) days written notice to the Residence Director."</p> <p>An amendment to the admission agreement called a (TEA) was signed and dated by Resident #10 and the administrator on 12/17/10. The amendment also documented Resident #10 was responsible to pay the monthly rate until 12/31/11, whether she resided at the facility or not. The addendum did not allow for a thirty day written notice until one month before the end of the term (12/31/11).</p> <p>Section E of the "Limited Term Discount Agreement" documents the following: "This Amendment is governed by the laws of the State in which the Residence is located. If any term of the Amendment is invalid or unenforceable by reason of law, the Amendment shall be deemed amended to conform to such law and shall otherwise remain in full force and effect."</p> <p>The "Term Ending Agreement" was not consistent with IDAPA rule 16.03.22.221.01.b which states the admission agreement could be terminated by either party giving thirty (30) calendar days notice for any reason. The facility exploited Resident #10 when they continued to charge for services they did not provide after the resident moved out.</p> <p>A 30 day move out notice was given to the administrator and the resident moved out of the facility on 7/22/11.</p>	R 007		

Bureau of Facility Standards

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R 007	<p>Continued From page 5</p> <p>On 10/20/11 at 11:45 AM, the facility's administrator stated, the resident went home in July, before the end of the amended agreement. She stated, "Once a resident leaves the facility, the billing is no longer in my hands." She stated, she was not certain if the resident was paying the remainder of the contract but said corporate could still be billing the resident for the remainder of the contract which ends 12/31/11.</p> <p>On 10/28/11 at 11:22 AM, a family member stated, he read the Idaho Statutes that govern Assisted Living Facilities and believed the facility's amended admission agreement violates a person's right to give a 30 day move out notice. He further stated, "My mother signed a contract that locked her into paying for room and board through the end of this year. My mom has dementia and is a vulnerable adult, I feel by her paying for something she is not receiving is exploitation of an vulnerable adult."</p> <p>The facility violated IDAPA rule 16.03.22.221.01 when they continued to charge Resident #8, #9 and #10, beyond the move out date given in their 30 day written notice to leave the facility. This resulted in exploitation.</p>	R 007		



IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-8625 fax: (208) 364-1888

Reset Form

Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Nov. 4, 2011 11:17AM

Facility Name Chaparelle House	Physical Address 1880 W Harrison Street North	Phone Number 208 733-7511
Administrator Tiffany Snooks	City Twin Falls	Zip Code 83301
Team Leader Karen Anderson	Survey Type Licensure, Follow-up and Complaint	Survey Date 10/27/11

NON-CORE ISSUES

Item #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.01	The facility did not have documentation of an interim plan of care for Resident #1.	11-23-11	KA
2	220.02	The facility's admission agreement and Term Ending Agreement (TEA) were not transparent, nor were they in a plain language the residents or their representatives could understand.		
3	220.04	The facility's admission agreement did not identify staffing patterns and qualifications of staff on duty during a normal day.	COS 10/27/11	KA
4	220.16	The facility's admission agreement did not describe the methods by which the resident could contest charges (including contacting the Ombudsman).		
5	221.01.a	The facility's "Term Ending Agreement" conflicts with the rules regarding "condition for termination of the admission agreement".		
6	225.01	The facility did not evaluate Resident #4's behaviors to develop a behavior management plan. ***REPEAT***	11-23-11	KA
7	225.02	There were no documented interventions listed to manage Resident #4's behaviors. ***REPEAT***	11-23-11	KA
8	260.06	The facility was not maintained in a clean, safe and orderly manner: A) Urine odors in room 112, and in the hall between rooms 129 and 131; B) Room 101 needed to be vacuumed; C) Room 113 was observed cluttered and the carpet throughout the room had multiple large stains/spots; D) Room 109's walls had multiple scrapes and dents and was in need of painting; E) Room 104's carpet had multiple spots/stains; F) The paint on the kitchen cabinets was worn down to bare wood. The island counter top was worn and chipped.	11-23-11	KA

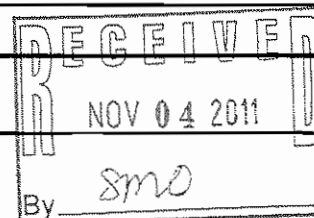
Response Required Date

Signature of Facility Representative

Tiffany Snooks

Date Signed

11/4/11





IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

Reset Form

Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Nov. 4, 2011 11:18AM

11/04/2011 FRI 12:27 FAX 2087332370 Chaparelle House

Facility Name Chaparelle House	Physical Address 1880 W Harrison Street North	Phone Number 208 733-7511
Administrator Tiffany Snooks	City Twin Falls	Zip Code 83301
Team Leader Karen Anderson	Survey Type Licensure, Follow-up and Complaint	Survey Date 10/27/11

NON-CORE ISSUES

Item #	RULE #	DESCRIPTION	DATE RESOLVED	L&O USE
8	260.06	The edges around the island counter top were observed chipped and coming off. H) The mop boards around the island counter were worn and separating from the cabinet walls allowing dirt to become trapped. I) The base of the faucet in the hand washing sink was corroded.	11-23-11	
9	300.01	Resident #2 and #4's records did not contain documentation of all 90 day nursing assessments and change of condition assessments.	11-23-11	
10	305.05	Resident #4's record did not contain a physician's order for the altered diet he was receiving. ***REPEAT***	11-23-11	
11	310.04 - a	The facility did not document non - drug interventions used to redirect Resident #4's behaviors prior to using behavior modifying medications.	11-23-11	
12	320.08	Resident #1 & 4's Negotiated Service Agreements did not describe the outside services the residents were receiving. Resident #4's current NSA was not updated to reflect the resident's required need for assistance for eating.	11-23-11	
13	335.03	Paper towels and liquid hand soap were not observed in all residents' rooms (resident's who required assistance with personal cares) after providing cares.		
14	350.02	The facility did not complete an investigation and written report of all accidents and incidents. The administrator or designee did not sign all investigations and written reports on all accidents and incidents. ***REPEAT***	11-23-11	
15	350.04	The facility did not respond in writing to the person making complaints.	11-23-11	
16	430.05 - a	The facility did not monitor or assist Resident #4's medication as they allowed family and a private caregiver to assist with medications.	11-23-11	
Response Required Date 11/26/11	Signature of Facility Representative 		Date Signed 11/4/11	



Reset Form

Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Nov. 4. 2011 11:18AM

11/04/2011 FRI 12:28 FAX 2087332370 Chaparelle House

No. 0395 P. 3

0003/003

Facility Name Chapareille House	Physical Address 1880 W Harrison Street North	Phone Number 208 733-7511
Administrator Tiffany Snooks	City Twin Falls	Zip Code 83301
Team Leader Karen Anderson	Survey Type Licensure, Follow-up and Complaint	Survey Date 10/27/11

NON-CORE ISSUES

Item	RULE #	DESCRIPTION	DATE RESOLVED	LSC USE
17	600.06.a	The facility only had 1 caregiver on duty during certain times of the day when they had residents' who required the assistance of 2 caregivers.	11-23-11	
18	711.01	There was no documented tracking of behaviors and interventions for Resident #4's behaviors to include: The date and time a specific behavior was observed, what interventions were used and the effectiveness of the interventions.	11-23-11	
Response Required Date 11/26/11		Signature of Facility Representative 	Date Signed 11/4/11	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR
RICHARD M. ARMSTRONG -- DIRECTOR

LESLIE M. CLEMENT -- DEPUTY DIRECTOR
RANDY MAY -- DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 31, 2011

Tiffany Snooks, Administrator
Chaparelle House, Assisted Living Concepts, Inc
1880 West Harrison Street North
Twin Falls, ID 83301

Dear Ms. Snooks:

An unannounced, on-site complaint investigation survey was conducted at Chaparelle House, Assisted Living Concepts, Inc from October 19, 2011, to October 27, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005166

Allegation #1: The facility's admission agreement documented residents may give a 30 day move out notice. A sales manager had residents sign an amendment to the admission agreement making it a term ending agreement, where residents are still responsible for fees through the end of the current contract ending 12/31/11.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.221.01.a for the amendment to the admission agreement not allowing for a 30 day discharge notice. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility would not accept an identified resident's 30 day discharge notice.

Findings #2: Substantiated. However, the facility was not cited as the administrator requested that the identified resident re-submit the discharge notice to include the date the notice was given.

On 10/20/11, the identified resident's closed record was reviewed. A handwritten notice to move out of the facility, documented the identified

resident had given notice to move out of the facility but the notice did not include the date it was written.

On 10/20/11 at 4:30 PM, the administrator stated, "I asked the resident to re-submit the 30 day discharge notice to include the date the notice was given so it would be official." The administrator stated, the identified resident re-submitted a signed and dated notice of discharge.

Allegation #3: The facility's admission agreement did not disclose all prices, formulas and calculations to determine the resident's basic services rate and other fees.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.02 for not providing a written admission agreement that was transparent, understandable, and a plain language the resident or his representative could understand. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Staff did not assist the identified residents with housekeeping/laundry. Staff would refuse to vacuum and wash residents laundry when the residents requested additional assistance.

Findings #4: On 10/19/11 through 10/20/11, observation and interviews were conducted with residents and their family members. Thirteen residents and five family members stated they had no concerns with housekeeping or laundry services. Residents and family members confirmed their rooms and linens were cleaned every week. Individual laundry was done according to a schedule.

On 10/20/11 at 4:15 PM, the administrator and facility nurse stated, if residents required additional cleaning services on a daily basis, they could negotiate with the facility for increase in service but it would also mean an additional fee.

Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean, safe and orderly manner. The facility was required to submit evidence of resolution within 30 days.

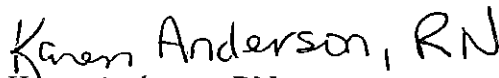
Allegation #5: The administrator did not respond to complainants in writing within 30 days of receiving a complaint.

Tiffany Snooks, Administrator
October 31, 2011
Page 3 of 3

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the facility not providing a written response to the complainant within 30 days. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,


Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/rjm

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



IDAHO DEPARTMENT OF

HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name <u>Chaparrille House</u>		Operator <u>Tiffany Snooks</u>	
Address <u>1880 W. Harrison St</u>		<u>Twin Falls</u>	
County <u>Twin Falls</u>	Estab # <u></u>	EHS/SUR # <u></u>	Inspection time: <u>11:30 am</u>
Inspection Type: <u>high</u>		Risk Category: <u>high</u>	Follow-Up Report: OR On-Site Follow-Up: Date: <u></u> Date: <u></u>
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>0</u>	Score <u>0</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance

N = no, not in compliance

N/O = not observed

N/A = not applicable

COS = Corrected on-site

R = Repeat violation

☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Donut Case in ref</u>	<u>37.6</u>						
<u>Spicy in ref</u>	<u>39.5</u>						

GOOD RETAIL PRACTICES (☒ = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Tiffany Snooks</u> (Print) <u>Tiffany Snooks</u> Title <u>RD</u> Date <u>10/20/2011</u>	Follow-up: (Circle One) <u>Yes</u>
Inspector (Signature) <u>Anna H. H. H.</u> (Print) <u>Anna H. H. H.</u> Date <u>Oct 19, 2011</u>	<u>No</u>